


Director's Signature: _____

Time Log/Program / Area: Drug Analysis Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed."

Week Ending: 3/17/12

Employee Name:		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
James Hanchett  Employee Signature	Day: In - Out		7:00 3:00	7:00 3:00	7:00 3:00	7:00 3:00	7:00 3:00	
	Lunch: Out - In		12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	12:00 12:30	
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.							
Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.							
Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.							
Employee Signature	Day: In - Out							
	Lunch: Out - In							
	Outside Duty: From - To							
	Document exceptions or comments, indicate type and amount.							